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EXECUTIVE LOBBYING EXPENDITURE REPORT FORM 507	#8/ Executive Lobbyist Registration No.	
COVERING JANUARY 1 - JUNE 30, 2007 - DUE AUGUST 15 COVERING JANUARY 1 - DECEMBER 31, DUE FEBRUARY 15 Mail to: the Board of Ethics, 2415 Quail Dr., 3rd Floor, Boton Rouge, LA 70808 OR FEX. to: (225)763-8787 or (225)763-8780	FOR OFFICE USE ONLY SCANNED ER (4907) AUG 1 5 2007 By:	
1. Name Leich JAMIE	M 3070411	
2. Business Address: 729 5. Acadian Throway, Baton Ra- Street and No. City State Mailing Address: 54me As 4 Boule	AUDITEL	
3. Business Phone 225. 789 - 9429 Area Code and Telephone Number	AUG 1 5 2007 By:	
4. Total of all executive lobbying expenditures made January 1 through June 30: (Include expenditures from Schedules A and B) 5. Total of all executive lobbying expenditures made July 1 through December 31:	s	
(When Applicable) (Include expenditures from Schedules A and B) 6. Total of all executive liablying expenditures made during calendar year: (Line 4 added to Line 5 should equal Line 6)	\$ -0 - 100 PM	
7. Did you make an expenditure exceeding \$50 on one occasion for an executive brown January 1 through June 30? From July 1 through December 317 If the answer to either question in Number 7 above is YES, complete Schedule A		
8. Did you make expenditures exceeding the sum of \$250 for an executive branch o	official:	
From January 1 through June 30? From July 1 through December 31? Yes No 1	Ma Ø	
If the answer to either question in Number 8 above is YES, complete Schedule A		
 Did you expend funds for any reception, social gathering, or other function to w officials were invited during this reporting period? 		
Yest ☐ No 🔀	Missing numbered pages were blank and had no information	
If the answer to Number 9 above is YES, complete Schedule B and attach.	on them.	

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2)	Name of Department and Individual Agency:	
	b. Total of all expenditures made lanuary 1 through June 30:	<u> </u>
	 c. Total of all expenditures made July 1 through December 31: (When applicable) 	8
	d. Total of all expenditures made during the calendar year:	s
3)	a. Name of Department and Individual Agency:	XXX **********************************
	b. Total of all expenditures made January 1 through June 30:	\$
	 Total of all expenditures made July 1 through December 31: (When applicable) 	*
	d. Total of all expenditures made during the calendar year:	5

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. A9:71 et seq. has been deliberately omitted.

Signature of Lobovist

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